

<i>SERFF Tracking Number:</i>	<i>CEUL-126363409</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Family Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43938</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>STOLI Addendum</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: Family Life Insurance Company

Product Name: STOLI Addendum

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: CEUL-126363409 State: Arkansas

SERFF Status: Closed-Approved-
Closed

Co Tr Num:

Author:

Date Submitted: 10/29/2009

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 11/02/2009

Disposition Status: Approved-
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 11/02/2009

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 11/02/2009

Created By: Lloyd Kleiman

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lloyd Kleiman

Filing Description:

This is an Addednum to our applications that we are using in steps to prevent STOLI.

Company and Contact

Filing Contact Information

Lloyd Kleiman,

10700 Northwest Freeway

Houston, TX 77092

LKleiman@manhattanlife.com

713-529-0045 [Phone] 5184 [Ext]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>CEUL-126363409</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>STOLI Addendum</i>		
<i>Project Name/Number:</i>	/		
Family Life Insurance Company	CoCode: 63053	State of Domicile: Texas	
10700 Northwest Freeway	Group Code: 1117	Company Type:	
Houston, TX 77092	Group Name: Manhattan Insurance	State ID Number:	
	Group		
(800) 877-7705 ext. [Phone]	FEIN Number: 91-0550883		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Family Life Insurance Company	\$100.00	10/29/2009	31643398

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	11/02/2009	11/02/2009

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Disposition

Disposition Date: 11/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Supporting Document	Statement of Variability		Yes
Form	Addendum to Application		Yes

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Form Schedule

Lead Form Number:

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	APADD-09	Application/ Addendum to Enrollment Application Form	Initial			Addendum to Application.pdf

Please check the box next to your insurance company's name.

- ☐ Central United Life Insurance Company ☐ The Manhattan Life Insurance Company
☐ Family Life Insurance Company

10700 Northwest Freeway, Houston, Texas 77092

ADDENDUM TO APPLICATION FOR LIFE INSURANCE COVERAGE

- ☐ Central United Life Insurance Company
☐ The Manhattan Life Insurance Company
☐ Family Life Insurance Company
- } Hereafter, referred to as the Company.

This document serves as an addendum to the life insurance application, and must be submitted prior to a policy being issued. All responses to the questions below will be considered part of the application.

This addendum is to be completed, signed and submitted prior to the issuance of any permanent life insurance policy(ies) (including conversions from term policies within the first five years of policy issue) if:

- The Proposed Insured(s) actual age(s) is [65] or older at the time the applied for policy is issued;
- A policy with a face amount of [\$500,000] or greater is being applied for; and
- The policy applied for will not be owned by a qualified retirement plan.

Please answer the following questions either yes or no, and provide details for any yes answers in the space below.

1. ☐ Yes ☐ No Has anyone offered or provided to anyone any inducement - such as cash or other compensation in relation to the applied for life insurance policy? If yes, please explain:

2. ☐ Yes ☐ No Is there any plan to sell or transfer any interest in the applied for life insurance policy? If yes, please explain: _____

3. ☐ Yes ☐ No Will premiums for the applied for life insurance policy be borrowed? If yes, please explain (including details of loan guarantee, if any): _____

4. ☐ Yes ☐ No If you answered yes to question 3, can the loan be repaid by the transfer of the applied for policy to the lender or any other person affiliated with the lender? If yes, please explain: _____

5. ☐ Yes ☐ No If you answered yes to question 3, will the amount of any loan or loans, or the borrower's payment obligation, on termination of the financing exceed the amount needed to pay life insurance policy premiums, loan interest, and loan fees? If yes, please explain: _____

I understand that any arrangement for borrowing funds for the payment of policy premiums is a matter between the lender and the borrower. The Company is not a party to any such arrangement and will not become a party to any such arrangement.

I also understand that neither The Company nor any person acting on its behalf has furnished legal or tax advice upon which I/We may rely. The financing of life insurance premiums involves important tax and other considerations. The Company strongly recommends that you seek advice from your own qualified advisors.

It is represented that the statements and answers given in this supplement to the application are true, complete and correctly recorded. It is agreed that this supplement shall be part of the application to The Company for insurance on the life of the Proposed Insured, and shall be the basis for any policy issued on this application. I understand that the statements and answers given in the Addendum are material to The Company's decision to issue any policy applied for, and that The Company would not issue the policy being applied for if the statements and answers given on the subject matters covered in this Addendum are not true, complete and correctly reported.

Signed at _____ this _____ day of _____

Signature of Proposed Insured(s)

Date

Proposed Owner(s) Signature
(if different from Insured(s))

Date

Witness

Date

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: Flesch score FLIC.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: this is an addendum to applications, it is in the form schedule section. Comments:		

	Item Status:	Status Date:
Satisfied - Item: Cover Letter Comments: Attachment: STOLICoverLetterFLIC_AR.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability Comments: Attachment: Statement of Variability.pdf		

F A M I L Y L I F E I N S U R A N C E

CERTIFICATION

I, Mary Lou Rainey, Secretary for The Manhattan Life Insurance Company, hereby certify that the following form(s) has the following readability score as calculated by the Flesch Reading Ease Test set forth by your state, and meets the minimum reading ease requirements set forth by the state of .

FORM

APADD-09

Readability Score

42.38

DATE: 08/03/09

Mary Lou Rainey

Mary Lou Rainey, Secretary

The Manhattan Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77019
Email: 1kleiman@manhattanlife.com

Phone: 713-529-0045
Toll Free: 800-669-9030 ext. 5184
Fax: 713-821-6551



F A M I L Y L I F E I N S U R A N C E

The Manhattan Life Insurance Company
10700 Northwest Freeway
Houston, Texas 77019
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Fax: 713-821-6551



FAMILY LIFE

Lloyd Kleiman
Compliance Analyst

October 29, 2009

Arkansas Insurance Department

RE: Stranger-Owned Life Insurance (STOLI)

Dear Sir or Madam:

As part of the steps The Manhattan Insurance Group {Central United Life Insurance Company, Manhattan Life Insurance Company, and Family Life Insurance Company} are taking in preventing STOLI, we are requesting your approval of the enclosed Addendum to Application for Life Insurance Coverage.

You will also find a copy of our Statement of Variability enclosed for your review.

When required, this addendum will always be part of the full application and will be used in conjunction with our previously approved applications.

If you have any questions or require additional assistance regarding this, please call me at 800-669-9030, ext. 5184 or you can email me at kleiman@manhattanlife.com.

Sincerely,

Lloyd Kleiman
Compliance Analyst

Enclosure(s)

10700 Northwest Freeway
Houston, Texas 77092
Email: lkleiman@manhattanlife.com

Phone: 713-529-0045, ext. 5184
Toll Free: 800-669-9030 ext. 5184
Fax: 713-821-6551



**CENTRAL UNITED LIFE INSURANCE COMPANY
THE MANHATTAN LIFE INSURANCE COMPANY
FAMILY LIFE INSURANCE COMPANY
Administrative Office
10700 Northwest Freeway
Houston, TX 77092
Phone: 800/669-9030**

STATEMENT OF VARIABILITY

AGE: The age is bracketed as a variable item. The range of variability is from birth to age 120. While STOLI is a practice primarily involving the elderly, we want to have the ability to adjust this item if future trend shows the ages involved in this practice vary up or down. We will initially require the Addendum to the Application at ages 65 & older (if dollar threshold for face amount is met). We do not anticipate making a change to the age field.

FACE AMOUNT (requirement for completion of Addendum to Application): The face amount is bracketed as a variable item. The range of variability is \$100,000 to \$1,000,000. Again, the practice of STOLI typically occurs with high-dollar face amounts. We will only revise the dollar amount if trend shows practice occurs with face amounts higher or lower than the reflected amount. We do not anticipate making a change to the face amount.